Sick Leave Bank Donation Form

Please complete this form using the fillable fields and email the completed and signed PDF to TownAdmin@LincolnVermont.org

Donations Accepted Anytime Throughout the Fiscal Year

Name: _____ Employee Number: _____

Department: _____

I request transfer of _____ hours of vacation leave and/or _____ hours of sick leave to the Sick Leave Bank. I understand that I may donate up to 50% of my personal leave balances.

My leave balances, after the donations are subtracted, are:

Personal Leave: _____ Annual Leave: _____

Note: You must download and save this PDF to your desktop in order for the digital signature field to appear

- Employee Signature: _____ Date: _____
- Town Administrator Signature: _____ Date: _____
  (or designee of the appointing authority)

Thank you for making a difference!

You may print this form, complete it, and forward it to the Town Administrator for their signature and date. Please email to TownAdmin@LincolnVermont.org or return to 62 Quaker St, Lincoln, VT.

Please see the most current revision of the Town of Lincoln Personnel Rules for additional information or contact the Town Administrator with any questions regarding donating time to the Bank.